



ARIZONA SUPREME COURT

Application for Initial License of Alternative Business Structure

CAREFULLY READ THE INSTRUCTIONS AND INFORMATION ON PAGE 11.

Pursuant to Arizona Code of Judicial Administration §7-209(E)(2), failure to provide or fully disclose information may result in denial of the application, delay in processing, or other disciplinary action. If the Alternative Business Structure is not formed at the time of filing, this application is reflective of the facts that will exist upon licensure.

SECTION I: APPLICANT INFORMATION

Organization Legal Name:	
List name of business to be certified with this application:	
List ALL assumed, DBA's or trade names:	
Business Address:	
(Street Address)	(City) (State) (Zip)
Business Telephone Number: ()	Business Fax Number: ()
Business E-Mail Address:	Date business formed: (Month/Day/Year)
Federal Tax ID Number:	State Tax ID Number:
Check appropriate business organization:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
Applicant is applying as a:	
<input type="checkbox"/> Traditional Law Firm <input type="checkbox"/> Large non-law firm <input type="checkbox"/> Small non-law firm <input type="checkbox"/> Non-profit – Arizona	
<input type="checkbox"/> Non-profit – non-Arizona <input type="checkbox"/> International applicant	
Applicant is registered with the Arizona Corporate Commission or Secretary of State:	
<input type="checkbox"/> Yes – If registered, applicant must submit copies of Articles of Incorporation/Organization or Partnership Agreements, and a Certificate of Good Standing.	
<input type="checkbox"/> No – If not registered, applicant must submit copies of draft Articles of Incorporation/Organization or Partnership Agreements and explain why entity is not registered. (See instructions for additional information)	

Statutory Agent's Name:	
Statutory Agent's Address (not a P.O. Box):	
(Street Address)	(City) (State) (Zip)
Statutory Agent's email address:	
Business and Home Telephone Number:	

Designated Principal's Full Name:	
Designated Principal's Business address:	
(Street Address)	(City) (State) (Zip)
Designated Principal's email address:	
Designated Principal's Home address:	
(Street Address)	(City) (State) (Zip)
Business and Home Telephone Number:	Social Security Number:

Compliance Lawyer's Full Name:	
Compliance Lawyer's Business address:	
(Street Address)	(City) (State) (Zip)
Compliance Lawyer's email address:	
Compliance Lawyer's Home address:	
(Street Address)	(City) (State) (Zip)
Business, and Home Telephone Number:	Social Security Number:

SECTION II: BUSINESS ENTITY AUTHORIZED PERSON(S) INFORMATION. List ALL Authorized Persons (add additional pages, if necessary). Each person listed below must complete and sign the **Authorized Person Application**.

Authorized Person's Full Name:		Corporate Title/Position:	
Social Security Number:		Email address:	
Does person have contract, voting, business operation negotiation authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does person have an economic interest in the alternative business structure equal to or more than 10 percent of all economic interests of the alternative business structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Authorized Person's Full Name:		Corporate Title/Position:	
Social Security Number:		Email address:	
Does person have contract, voting, business operation negotiation authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does person have an economic interest in the alternative business structure equal to or more than 10 percent of all economic interests of the alternative business structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Authorized Person's Full Name:		Corporate Title/Position:	
Social Security Number:		Email address:	
Does person have contract, voting, business operation negotiation authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does person have an economic interest in the alternative business structure equal to or more than 10 percent of all economic interests of the alternative business structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Authorized Person's Full Name:		Corporate Title/Position:	
Social Security Number:		Email address:	
Does person have contract, voting, business operation negotiation authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does person have an economic interest in the alternative business structure equal to or more than 10 percent of all economic interests of the alternative business structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION III: BUSINESS DESCRIPTION. Submit additional sheets if necessary.

Provide a brief description of the general nature of the business:

SECTION IV: BUSINESS OBJECTIVES

Describe how the business will advance one or more of the following regulatory objectives: <ul style="list-style-type: none">• Protecting and promoting the public interest• Promoting access to legal services• Advancing the administration of justice and rule of law• Encouraging an independent, strong, diverse, and effective legal profession• Promoting and maintaining adherence to professional principles

SECTION V: NON-LEGAL SERVICES RELATED ACTIVITIES

List the non-legal services related activities of the business if not listed in the Business Description Section above:

SECTION VI: APPLICANT BACKGROUND INFORMATION

Note: Starting with this page, do not include personal identifying information (social security number, date of birth, home address, etc.) in the application or in any response to questions from this point forward

Has the business entity, designated principal, compliance lawyer, or ANY authorized person:

Ever been an authorized person of an ABS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been found guilty of any felony or misdemeanor? (The fact that the designated principal, compliance lawyer, or authorized person entered into a plea bargain or entered a “no contest” plea, or that the conviction has been vacated, pardoned, expunged, dismissed, or appealed, or that the civil rights have been restored does not mean that the question can be answered no. If the answer is yes, give details of the offense, and explain. Do not answer yes or give details if the offenses are minor civil traffic violations.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committed material misrepresentation, omission, fraud, dishonesty, or corruption in applying for a certificate or on a certificate examination in this state or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Committed any act constituting material misrepresentation, omission, fraud, dishonesty or corruption in business or financial matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had conduct showing incompetence or a source of injury and loss to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a professional or occupational license or certificate denied revoked, suspended or any disciplinary action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a professional or occupational license or certificate censured, placed on probation, or any disciplinary action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been terminated, suspended, placed on probation, or other disciplinary action taken in the course of employment since the age of 21 relating to dishonesty, misrepresentation, misappropriation, fraud, theft, moral turpitude, or the commission of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been found civilly liable in an action involving misrepresentation, material omission, fraud, misappropriation, theft or conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a record of conduct constituting or investigative inquiries regarding fraud on the part of an employee, board member, or the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a party to or claimed an interest in any civil proceedings in the last ten years (including but not limited to orders of protection, dissolution of marriage/family matters, bankruptcy, law suits, debt collection, etc.)? If so, provide details, including the case name and number, a copy of the original complaint, and a copy of the final disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a party to any civil, criminal, administrative, judicial, or professional authority actions alleging fraud, deceit, misrepresentation, forgery or legal malpractice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Been contacted by any court, state, or federal administrative or regulatory agency or professional association or the Better Business bureau regarding allegations of adversarial actions or complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been the subject of a court sanction/order, a complaint to the State Attorney General or the Better Business Bureau, or been contacted by any prosecutorial, judicial, or administrative agency or association regarding business practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violated any decision, order, or rule issued by a professional regulatory entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violated any order of a court, judicial officer, administrative tribunal, or the Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Made a false or misleading statement or verification in support of an application for a certificate filed by another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Made a false or misleading oral or written statement to division staff or the Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failed to disclose information on the license application subsequently revealed through a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failed to respond or furnish information to division staff or the Committee when the information is legally requested and is in your control or is reasonably available to you and pertains to certification or investigative inquiries?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer “Yes” to any question in this section:

- You must submit a list of all incidents and complete a written explanation of the events for each. This includes incidents which may be pending and/or in litigation, and
- You must submit any and all documentation which shows where the violation, finding, or conviction occurred, the nature and details of the case, case disposition, court, case number, and any other relevant information.
- Submit additional sheets, if necessary.

SECTION VII: BUSINESS INFORMATION

Please answer all questions. Submit additional sheets if necessary.

1. List (a) the states or countries in which your organization operates including whether the jurisdiction requires licensing, certification or registration and (b) for all jurisdictions requiring licensing, certification or registration list the address and telephone number of each entity.
2. How long has your organization been operating in these states or countries?
3. List parent corporations, branch offices, or other entities that will perform, or assist in performing the work of the organization associated with legal services including addresses, contacts, and the functions to be performed:
4. If applicable, submit a list of any individuals who may derive a profit (other than rental income at fair and reasonable market rates) from the operation of this business. <input type="checkbox"/> See Submitted list <input type="checkbox"/> None
5. Will the Alternative Business Structure have professional liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any shareholder agreements, voting agreements or restrictions or other agreements that restrict or affect decision making? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the applicant use or intend to use sources of finance? If yes, provide type, name of the provider, amount of financing, and interest rate. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has applicant or any Authorized Person been involved in a business that has declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will applicant share premises, staff or data with any other person or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Describe collection and disbursement of fees and the reports generated for compliance with Arizona Trust Account Rules.

11. Describe how your business will comply with Arizona’s Rules of Professional Conduct for lawyers, Code of Conduct for Entities and for Owners and Managers. Submit additional sheets if necessary.
12. Describe your policies and procedures for protecting client information and confidentiality.
13. Describe policies and procedures for checking for conflicts of interest.
14. Explain procedures developed to ensure confidentiality of client records.
15. Describe your policies and procedures to ensure no inducements are offered to clients or potential clients for choosing the business’s course other than for the best interest of the client.
16. Submit the correct certification fee using a money order or cashier’s check <u>only</u> , made payable to “Arizona Supreme Court”.

If you answer “Yes” to any question in this section:

- You must submit a list of all incidents and complete a written explanation of the events for each. This includes incidents which may be pending and/or in litigation, and
- You must submit any and all documentation which shows where the violation, finding, or conviction occurred, the nature and details of the case, case disposition, court, case number, and any other relevant information.
- Submit additional sheets, if necessary.

SECTION VIII: ACKNOWLEDGMENT

SECTION VIII-a: CONFLICT OF INTEREST STATEMENT

Pursuant to Arizona Code of Judicial Administration (ACJA) § 7-209(K)(1), I certify that the business entity named in this application and seeking a license to operate as an Alternative Business Structure in the state of Arizona, shall not take any action or engage in any activity that interferes with the professional independence of lawyers or others authorized to provide legal services, or allow the legal representation of clients, if the representation involves a conflict of interest as governed by Supreme Court Rule 42, ERs 1.7, 1.8, 1.9, 1.10, 1.11, 1.13 and 1.18.

SECTION VIII-b: INDEMNIFICATION STATEMENT

Pursuant to ACJA § 7-209 (G), I certify that the business entity named in this application agrees to indemnify, defend, and hold harmless the Arizona Supreme Court, its Committees, Committee members, and employees from any and all claims, demands, suits, actions, proceedings, loss, cost and damages of every kind and description. This includes any reasonable attorney's fees and litigation expenses which may be brought or made against or incurred by the court, its Committees, Committee members, and employees on account of loss or damage arising out of, or contributed to, in whole or in part, by reason of the operation of the business entity.

SECTION VIII-c: SUBMISSION TO JURISDICTION, AUTHORIZATION, AND RELEASE

I certify that the business entity named in this application submits to the exclusive jurisdiction of the Arizona Supreme Court and is subject to the regulatory and disciplinary authority of the Supreme Court and the State Bar of Arizona.

I consent to having an investigation made of the businesses character, professional reputation, and fitness for Alternative Business Structure license. I agree to give any further information which may be required in reference to the past record of the business.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information including documents, records, charges or complaints filed against the business, formal or informal, pending or closed, or any other pertinent data, and to permit the Arizona Supreme Court, or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I release, discharge, and exonerate the Arizona Supreme Court, its agents and representatives, the State of Arizona, and any person furnishing information pursuant to this Authorization and Release from all liability which may arise from the investigation made by the Arizona Supreme Court.

I acknowledge that I have read this application form and that all statements are true and complete to the best of my knowledge and belief and that this Authorization and Release is freely given.

I understand willful omission or misrepresentation of any fact required to be disclosed in this application, or any accompanying statement, is grounds for refusing to issue or renew a license or for revoking or suspending a license.

I also declare under penalty of perjury under the laws of the State of Arizona that the foregoing is true and correct.

Full Signature of Business Entity Owner or Designated Principal

SECTION IX: AFFIDAVIT OF VERIFICATION - BUSINESS ENTITY ACKNOWLEDGMENT

THE STATE OF _____, COUNTY OF _____

Being duly sworn,

I, _____ on behalf of _____,
(Name/Title) (Business Entity Legal Name)

depose and say that I have read the foregoing, and each statement and answer made, and this Authorization and Release, and under penalty of perjury, swear that all such answers, statements and data submitted with this application are true and correct. Willful misrepresentation of any fact required to be disclosed in any application, or accompanying statement, is grounds for refusing to issue or renew certification, or for revoking or suspending a certificate.

Before me, the undersigned authority, on this day personally appeared:

_____ of _____,
(Name/Title) (Business Entity Legal Name)

a corporation, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose expressed, in the capacity stated and as the act and deed of said corporation, and affirmed that the facts detailed are true.

Given under my hand and seal of office on this _____ day of _____, 20_____.

Notary Public, State of _____

Notary's Name Printed

My Commission Expires

ADDITIONAL INSTRUCTIONS AND INFORMATION

1. **Instructions:** Carefully read all instructions prior to completing the application. Incomplete application submissions will result in the rejection of the application. For assistance, call the Certification and Licensing Division at (602) 452-3378.
2. **Completion:** Pursuant to ACJA § 7-209(E)(3)(b), applicants have 90 days to complete the application process. After 90 days, applicants will be required to submit a new application and new fees. **Pursuant to § 7-209(E)(1)(a)(6), applicant shall notify the Certification and Licensing Division of any change relevant to the application for licensure within five (5) days of the change.**
3. **Registered Business Entity Documentation:** Pursuant to ACJA § 7-209(G)(1)(g), applicants must submit copies of Articles of Incorporation/Organization or Partnership Agreements and a Certificate of Good Standing or otherwise demonstrate authorization to do business in the State of Arizona.
4. **Unregistered Business Entity Documentation:** Pursuant to ACJA § 7-209(G)(1)(g), applicants must submit copies of Articles of Incorporation/Organization or Partnership Agreements with the application. Therefore, unregistered business entity applicants must submit draft Articles of Incorporation/Organization or Partnership Agreements and explain why the proposed business entity is not registered. Division staff's recommendation concerning licensure presented to the Committee on Alternative Business Structures will note that the entity has not yet been formed. Before the Committee provides its recommendation for licensure to the Supreme Court, applicant must be formed, authorized to do business in Arizona, and provide evidence of those facts that are satisfactory to Division Staff. At the time the evidence is presented to Division staff, applicant shall also submit **Update of Application** forms for the applicant, Designated Principal and Compliance Lawyer. Formation of the proposed business entity is not required if the Committee recommends denial of the license to the Supreme Court and the applicant does not challenge that recommendation.
5. Submit additional forms for specific individuals including:
 - a. **Appointment of Designated Principal** form for the person identified in Section I. Pursuant to Arizona Code of Judicial Administration § 7-209(G)(1)(f), a designated principal for the business entity must be an individual with whom Division Staff may communicate on any procedural or operational concern and who will have responsibilities pursuant to subsection §7-209(F), including contracting authority within the State of Arizona. The Designated Principal's signature on page 9 must be notarized.
 - b. **Appointment of Compliance Lawyer** form for the person identified in Section I. Pursuant to ACJA § 7-209(G)(3) each Alternative Business Structure must designate a Compliance lawyer with prescribed qualifications who agrees to responsibilities set forth in §7-209(G)(3)(b).
 - c. **Authorized Person Application** form for every Authorized Person listed in Section II.
6. **Fees:** All applicable NON-REFUNDABLE fees shall accompany this application and be made payable to the Arizona Supreme Court. Initial application fees are listed in ACJA § 7-209 (K).

7. Assumed Name (or D.B.A.) and Trade Names: While conducting business as an Alternative Business Structure, a licensee shall use the name as shown on the license and shall not transact business in this state under an assumed name or under any designation, name or style, corporate or otherwise, other than the real name of the business entity unless the business entity files with the Division Staff a certificate setting forth the name under which business will be transacted.
8. Conflict of Interest and Indemnification Statements and Submission to Jurisdiction, Authorization and Release: The business entity owner or Designated Principal's signature and notary verification for these statements are required in Section VIII.
9. Applicant Background Information: If you answered "YES" to any question in Section VI of this application or the Authorized Person Application, the Designated Principal is required to submit:
- a. a list of all incidents and complete a written explanation of the events for each. This includes incidents which may be pending and/or in litigation; and,
 - b. any and all documentation which shows where the violation, finding, or conviction occurred, the nature and details of the case, case disposition, court, case number, and any other relevant information. Submit as many additional sheets as is necessary to fully explain each "yes" answer.
10. Submission: Submit your completed application, required documents, and fees to:

**Certification and Licensing Division
Arizona Supreme Court
1501 W. Washington, Suite #104
Phoenix, AZ 85007**